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Holly Franco

September 29, 2005

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:

Alfred S. Lewin et al.

Serial No. 09/847,601

Filed: May 1, 2001

For: ADENO-ASSOCIATED VIRUS DELIVERED RIBOZYME COMPOSITIONS AND METHODS FOR THE TREATMENT OF RETINAL DISEASES Confirmation No.: 7183

Group Art Unit: 1632

Examiner: Unknown

Attorney Docket No.: 36689.140

(Formerly 4300.015900)

# **TRANSMITTAL**

### MAIL STOP AMENDMENT

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following regarding the above-identified patent application:

- 1. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address; and
- 2. Return Postcard.

The Commissioner is hereby authorized to charge payment of any further fees associated with any of the papers submitted herewith or to credit any overpayment to Deposit Account No. 08-1394.

Respectfully submitted,

Date: September 29, 2005

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Dallas, Texas 75202

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Reg. No. 42,903

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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

**CHANGE OF CORRESPONDENCE ADDRESS** 

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Application Number	09/847,601				
Filing Date	05/01/2001				
First Named Inventor	Alfred S. Lewin				
Art Unit	1635				
Examiner Name	Kimberly Chong				
Attorney Docket Number	36689.140				

A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to:    The address associated with	I hereby revoke all previous powers of attorney given in the above-identified application.										
I hereby appoint the practitioners associated with the Customer Number: 000027883    Please change the correspondence address for the above-identified application to:   The address associated with Customer Number: 000027883    OR											
The address associated with Customer Number:  OR  Firm or Individual Name  Address  901 Main Street Suite 3100  City Delias State TX Zip 75202-3788  Country USA  Telephone 214-851-5000 Email Ipdocketing@haynesboone.com  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Name  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Juniversity of Florige Research Foundation  Juniversity of Florige Research Foundation  Juniversity of Florige Research Foundation  Applicant or Assignee of Record  Signature  Juniversity of Florige Research Foundation  Juniversity of Florige Research Florige Research Florige Research Florige Research Florige Research Florige Research Florige							mber:	эг: 000027683			
Customer Number: 000027683  OR  Firm or Individual Name  Address 901 Main Street Suite 3100  City Daflas State TX Zip 75202-3789  Country USA  Telephone 214-651-5000 Email ipdocketing@haynesboone.com  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature Assignee of Record  Signature Assignee of Record  Signature Assignee of Record  Name University of Florital research Foundation Assignee of Record  Name Telephone 3-52-3-92-892-9  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature to their representative(s) are required. Submit multiple forms if more than one signature forms are submitted.											
Individual Name  Address  901 Main Street Suita 3100  City  Dallas  State TX  Zip 75202-3788  Country  USA  Telephone  214-651-5000  Email   pdocketing@haynesboone.com  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name  Name  University of Florida Research Foundation  AU (D) DAY DIMECTOL  Name  Date  Q-(Q-05)  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature, see bettow:  Total of Some are submitted.	Customer Number: 000027683										
Address  901 Main Street Suite 3100  City  Dalias  State TX  Zip 75202-3789  Country  USA  Telephone  214-651-5000  Email pdocketing@haynesboone.com  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96)  Signature  Name  Name  Authoristy of Florida Research Foundation  Authoristy of Florida Research Florida R		d Name	Haynes and Boone, LLP								
Country  USA  Telephone  214-651-5000  Email pdocketing@haynesboone.com  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name  Signature  Name  University of Florida Research Foundation  OAU O OFFICE OF Technology LICENTIAN  Telephone  3 S 2 - 3 9 2 - 8 9 2 9  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
Telephone 214-651-5000 Email pdocketing@haynesboone.com  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Name  University of Florida Research Foundation  AU (D) DAY DIRECTOR  FELLE OF TECHNOLOGY LICENSING  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	City		Dallas Si			TX				75202-3789	
I am the:   Applicant/Inventor.   Assignee of record of the entire interest. See 37 CFR 3.71.   Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   Signature	Country		USA								
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Name  University of Florida Research Foundation  AU (D) DAY DIRECTOR  OFFICE OF TECHNOLOGY LICENSING  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Telephone		214-651-5000			Email	ipdocket	:keting@haynesboone.com			
Signature  Signature  Name  University of Florida Research Foundation  AU (D) DAY DIRECTOR  Date  Q-(Q-05  Telephone  352-392-8929  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below.	Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.										
Name  Name  Name  OFFICE OF Technology According  Note: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
Name  Juniversity of Florida Research Foundation  AU 10 DAY DIRECTOR  Date  Q-19-05  Telephone  352-392-8929  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
Date 9-19-05 Telephone 352-397-8929  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	THE THE THE THE COURT										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below.  Total of forms are submitted.		Tolophore									
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